

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593,134

FILING DATE

9-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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21			1	—		
22			1	—		
23			1	—		
24			1	—		
25			1	—		
26			1	—		
27			1	—		
28			1	—		
29			1	—		
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50						
TOTAL IND.			1	—		
TOTAL DEP.	←	14	←	←		
TOTAL CLAIMS		15				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			1	—		
TOTAL DEP.	←	14	←	←		
TOTAL CLAIMS		15				